

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

**DELTRESS A. HAVERLY,**

*Plaintiff,*

**vs.**

**GIRLING COMMUNITY CARE  
KINDRED,**

*Defendant.*

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**CIVIL ACTION NO.:**

\_\_\_\_\_  
**Removed from the District  
Court of Harris County, Texas;  
127th Judicial District;  
Cause No. 2020-73479**

**EXHIBIT B**

(Pleadings asserting causes of action, *e.g.*, petitions, counterclaims, cross-actions, third-party actions, interventions and all answers to such pleadings)

1. Complaint for Employment Discrimination; and
2. Letter to District Clerk; and
3. Statement of Inability to Afford Payment of Court Costs.

# **EXHIBIT B-1**

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**IN THE DISTRICT COURT  
OF  
HARRIS COUNTY, TEXAS JUDICIAL DISTRICT**

**2020 73479**

**DELTRESS A. HAVERLY**

*Plaintiff*

**-v-**

**GIRLING COMMUNITY CARE KINDRED**

*Defendant(s)*

Case No. \_\_\_\_\_

Jury Trial:

☒ Yes

☐ No

**COMPLAINT FOR EMPLOYMENT DISCRIMINATION**

**FILED**

**Marilyn Burgess  
District Clerk**

**NOV - 4 2020**

**The Parties to This Complaint**

**A. The Plaintiff(s)**

**Time:** \_\_\_\_\_

**Harris County, Texas**

**By** \_\_\_\_\_

**Deputy**

Name

DELTRESS A. HAVERLY

Street Address

9711 CEDAR BLUFF DRIVE

City and County

HOUSTON (HARRIS COUNTY)

State and Zip Code

TEXAS

Telephone Number

8327521308

E-mail Address

deltressa7@gmail.com

**B. The Defendant(s)**

**RECORDER'S MEMORANDUM**

This instrument is of poor quality  
at the time of imaging

## Defendant No. 1

Name	BETTY BETHEA
Job or Title	ADMINISTRATOR/DIRECTOR
Street Address	6750 WEST LOOP SOUTH suite# 500
City and County	BELLAIRE (HARRIS COUNTY)
State and Zip Code	TEXAS , 77401
Telephone Number	(713)780-1248
E-mail Address	

## Defendant No. 2

Name	STEVEN MORRISON
Job or Title	SENIOR HUMAN RESOURCES MANAGER
Street Address	3307 NORTHLAND DRIVE #260,
City and County	AUSTIN (TRAVIS COUNTY)
State and Zip Code	TEXAS, 78731
Telephone Number	(1512)323-1536 - (1708)-442-6420
E-mail Address	

## Defendant No. 3

Name	GIRLING COMMUNITY CARE KINDRED
Job or Title	COMPANY
Street Address	3307 NORTHLAND DRIVE #260,
City and County	AUSTIN (TRAVIS COUNTY)
State and Zip Code	TEXAS, 78731
Telephone Number	(1512)454-3581 - (1708)-442-6420
E-mail Address	

## Defendant No. 4

Name	JESSE HOWARD
Job or Title	AREA VICE PRESIDENT OF PATIENT CARE
Street Address	3307 NORTHLAND DRIVE #260,
City and County	AUSTIN (TRAVIS COUNTY)
State and Zip Code	TEXAS, 78731
Telephone Number	1254-498-7234
E-mail Address	

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	GIRLING COMMUNITY CARE KINDRED
Street Address	6750 WEST LOOP SOUTH Suite# 500
City and County	BELLAIRE (HARRIS COUNTY)
State and Zip Code	TEXAS , 77401
Telephone Number	( 713)780-1248

**I. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

☒ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

☐ Other federal law

☐ Relevant state law

☐ Relevant city or county law

## II. Statement of Claim

As a result of me being African American I was overlooked for promotions and higher job positions in which I applied for that was available at the time I had attempted to promote for several years at that point, but could not get past Betty Bethea's efforts from promoting me. I had initially filed a complaint with Steven Morrison in 2016 and 2017 but he never responded to me about my complaints. Senior Human Resource Manager instead of Kathy Dumas because I was told that Steven was higher than Kathy and he was the person to talk to in regards to Betty Bethea. And later because of my disability in February of 2017 through March the 14th 2017. And also because I was engaged in protected activities, I was illegally harassed, subjected to a pattern of harassment and disparate treatment, knowingly subjected to unjustified and factual unsupported disciplinary action served or not served concurrently. The rapid disciplinary penalties and thereby support a recommendation of termination and other retaliatory actions and harassment against me resulted in a wrongful termination after answering questions from Steven Morrison Senior Human Resource Manager and Steven telling her everything I told him after he promised me that he would remain confidential. I was terminated from work a few days after I answered his questions and complained about my discrimination, disability, and unfairness and me being overlooked for higher job positions and complaining of my pay being smaller than her family and friends in which Betty hired on later on in the company. In which were non-black employees and were her family members and close friends and the majority of them didn't have the years of experience nor the seniority in which I displayed with the company of 22 years despite having a positive employment record, a good reputation across the entire company and with all state Caseworkers and not having violated any policies and procedure. I was discriminated and retaliated against for being a whistleblower about the discrimination in which I encountered and failure to promote me. I was discriminated against for my disability and was denied temporary accommodation for my disability. And as the result of the retaliation I was terminated a few days later while I was on Family Medical Leave the day before my termination I was turned down for a reasonable adjustment when asked to accommodate me to temporarily work from home regarding my medical disability. Because of the heavy bleeding, stress and inability to concentrate. But Betty Bethea allowed three other non-black employees to work from home in which it is proven she showed favoritism to. I was mocked about my race by Betty Bethea if I want to be called African American, Brown, or a Zebra. In which I depressed me and I felt it was unethical and a derogatory joke. I was ignored by Steven Morrison of Girling Community Care Kindred Human Resources when told of this matter and other matters that concerned me. I was also racially harassed. Betty yelled at me in front of my co-worker Bonnie Porter while in my office and she kicked in my door pointing her fingers at me all because I applied for a full time field position that and as a result of me being African American or because I engaged in protected activities, I was illegally harassed, subjected to a pattern of harassment and disparate treatment, and knowingly subjected to unjustified and factually unsupported disciplinary action served in a rapid series rather than either not served or served concurrently. The rapid series actions constantly overlooking me for promotions and higher positions and my position in which I applied for. But all the higher positions in which I applied for were given to all caucasians women she told me in front of Bonnie Porter she was gone to make sure I didn't get. Betty followed me to the restroom stalking and harassing me. Betty spread false rumors on me to her Directors and other fellow coworkers trying to coach them into trying to find something on me so that she could terminate me. Whenever we had a meeting she addressed me and other staff members as you people a very biased statement. Steven Morrison in Human Resources and Jesse Howard the Area Vice President of Patient Care Betty directed Supervisor knew of all the wrong doings in which Betty did and he upheld her in all of her wrong doing she got numerous complaints through Human Resources according to Steven Morrison and allowed her to terminate me while on Family Medical Leave. Once Betty Bethea terminated while approved and on Family Medical Leave. I called and spoke to Area Vice President of Patient Care Jesse Howard. He was very abrupt and appeared none caring as if the wrong treatment and termination I received was okay with him. Jesse told me he would call me back and never did. Making me feel that out of all of the years and dedication I have given Girling Community Care and now Kindred was useless. I not only did all my work but would help others colleagues when needed or asked by Betty Bethea without a mumbling word. But all of my hard work went out the drain the day I was wrongfully terminated while on Family Medical Leave. And I was approved for payments but never

received them.

A. The discriminatory conduct of which I complain in this action includes

- ☐ Failure to hire me.  
☒ Termination of my employment.  
☒ Failure to promote me.  
☒ Failure to accommodate my disability.  
☒ Unequal terms and conditions of my employment.  
☒ Retaliation.  
☒ Other acts (specify): DISCRIMINATION, DIRECT AND INDIRECT DISCRIMINATION, AND HARASSMENT , WORKPLACE VICTIMIZATION

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

2000,2001 THROUGH 4-13-2017, 4-14-2017,8-22-2016,- 5-2016,02-20-2017, 2-23-2017 4-13-2017,

C. I believe that defendant(s) (check one):

- ☐ is/are still committing these acts against me.  
☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☒ race \_\_\_\_\_  
☐ color \_\_\_\_\_  
☐ gender/sex \_\_\_\_\_  
☐ religion \_\_\_\_\_  
☐ national origin \_\_\_\_\_  
☐ age (year of birth) \_\_\_\_\_  
☒ disability or perceived disability (specify disability)

**HEAVY AND INTERNAL  
BLEEDING, AMBULATION AND MOBILITY  
STRESS, AND LACK OF CONCENTRATION  
AND FOCUS**

E. **DIRECT DISCRIMINATION** - I was treated worse than a few more employees because of my disability. I was denied reasonable temporary accommodations to work from home and they were granted accommodations to work from and two of them is still working from home permanently

**INDIRECT DISCRIMINATION- DISABILITY AND RACE-** I was discriminated on because of my race and denied promotions and higher positions. And was told to go look for another job because of my disability If I needed to

temporary work from home because of stress, and internal and heavy bleeding, and lack of concentration and focus because of my disability.

**HARASSMENT IN THE WORKPLACE AND RETALIATION-** Includes racial slurs towards my race, crude attempts in humor towards me. Calling me fat because of the weight gain from the steroid shots in which embarrassed me and caused me to get even more depressed. Retaliated on because of my disability and me being approved for Family Medical Leave because of my disability and because I answered questions during an employer investigation of harassment, unfairness and overlooked for higher positions and promotions and under paid with carrying three full time positions. Betty spread false rumors on me in which was lies and defamation of my character

**VICTIMIZATION HARASSMENT-** Psychological abuse towards me and treated me unfairly because made a complaint about me being discriminated against and treated unfairly.

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**V. Exhaustion of Federal Administrative Remedies**

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on 5-8-2017

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- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.



issued a Notice of Right to Sue letter, which I received on *(date)* 9-14-2020

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct

☐

60 days or more have elapsed.



less than 60 days have elapsed.

**7. Relief**

Equitable and compensatory damages are the only means of securing adequate relief for me Deltress A. Haverly. I Deltress A Haverly suffered, is now suffering, will continue to suffer irreparable injury from lawful conduct by Betty Bethea, Steven Morrison, Jesse Howard, and Girling Community Care Kindred, in my official capacity, as set forth herein until and unless enjoined by the Court, to include but not to be limited to reinstatement with a higher position with benefits returned, removing false or damaging information from my Deltress A. Haverly personnel files. Deltress A. Haverly seeks awards of pay



back from the loss of income as a result of discrimination of race, and disability, and retaliatory based conduct, and constructive discharge by Girling Community Care Kindred and its representative during Deltress A. Haverly Employment and as a negative experiences in regard to include the unfair treatment, discipline, and evaluation compared to other similarly situated employees that did not engage in protected activity. Title VII

Deltress A. Haverly is entitled to awards of pre- and post judgement interest on any amount awarded to her Title VII

Deltress A. Haverly seeks compensatory, expectation, and/or consequential and punitive damages due to illegal conduct of Girling Community Care Kindred discrimination and retaliation claims. Title VII

Deltress A. Haverly seeks attorney fees once one is appointed and accepts my case, costs, and expert fees. Title VII and 42 U.S.C. 1988.

Deltress requests the Court to cause Girling Community Care Kindred and Betty Bethea, Steven Morrison, and Jesse Howard, in their official capacity, to be cited to appear and answer in this Court, upon the final hearing, the Court grant Deltress A. Haverly As follows:

1. Grant Deltress A. Haverly all equitable damages including reinstatement with a higher position as deserves and back pay, front pay, lost benefits and profits;
2. Grant Deltress A. Haverly compensatory damages for Girling Community Care Betty Bethea, Steven Morrison, and Jesse Howard for the discrimination of my race, disability, and retaliation against me Deltress A. Haverly ;
3. Grant Deltress A. Haverly pre and post- judgement interest in the highest lawful amount;
4. Grant Deltress A. Haverly reasonable attorney's fees, together with Deltress A. Haverly costs; and
5. Such other and further relief as the Court determines justice and equity so require.

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## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11-5-2020

Signature of Plaintiff

Printed Name of Plaintiff

  
\_\_\_\_\_  
DELTRESS A. HAVERLY  
\_\_\_\_\_

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

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**Attn: District Clerk**

**EEOC CASE NUMBER -846-2017-216382**

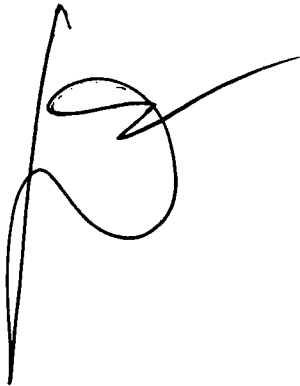
My name is Deltress a. Haverly I filed a discrimination charge with EEOC on 5-8-2017 against Girling Community Care (Kindreds) and Betty Faye Bethea for discrimination of my race and my disability. I was bullied, harassed, retaliated on and overlooked for promotions and higher positions. Mr. Wilkerson with EEOC was assigned to me as my investigator and he told me when we spoke in June of 2017 that he had everything that he needed except the proof that I made contact with Girling Community Care (Kindreds) Human Resource Department. I told him yes I had it that I would have to go through my items that's in the trunk of my car. He said okay and he told me to fax it to him and that. Mr. Wilkerson told me that he was going to put my case in State Court but it will probably take a while but wait to hear from them by mail. However after a year went by I reached out to EEOC but no one ever called me back. Then another went by and I said to myself I should have heard from someone by now and still keep calling and leaving messages and no returned calls. I have been under the doctors care since 2017 to present. So finally I got very concerned because I didn't want to miss my chance in court to share how wrongly I was treated in my termination from employment. So finally I kept calling EEOC downtown division and no one would ever call me back. Then I later found another number online 1800.669.4000 for EEOC I called them and they tried everything they could to help me but they were limited because I didn't have my charge number so it was hard for them to find me in their system. So I reached out to the Governor's Gregory Abbott Office last year and no one contacted me back so finally I reached out to the Governor's office again at the beginning of the year begging in dire need for help and I explained to the Governor's office how I filed a claim with EEOC in May the 8th of 2017 and I was told that I would be contacted from the State Court. and I explained to them that no one ever contacted me from the State Court. They explained to me that someone would be contacting me. At that point a couple of weeks later after getting in touch with the Governor's office I received a voicemail from James Tyler he @1512.420.7342 he said that the Governor's office reached out to him to help me with my situation with EEOC. I explained to Mr. Tyler How I filed my case in May of 2017 and how I was told by EEOC that the State Court was going to contact me and how the years were passing and I haven't heard from anyone and that I didn't want to miss out on the statute of limitation of my case.

I explained to Mr. Tyler how long I had been reaching out to EEOC to check the statues of my case but no one would call me back and I explained to him how I called and left numerous messages and no call back. So Mr. Tyler was very kind and helpful. He gave me an email address to contact them and to request my records and the status of my charge. So a few weeks later I received an email from a representative of EEOC saying she was working remotely from home because of the pandemic. I explain to her my situation and the struggles and challenges I had in trying making contact with someone regarding my case with EEOC.. She asked me for my charge number. I told her I didn't know it because I lost a lot of my paperwork as a Harvey victim due to high water in the house I was once living at the time. She then asked me the name of the company and date and my full name then she found me in the system. She told me that the reason why no representative probably didn't return my calls or get in touch with me is because Mr. Wilkerson put in the system that I changed my mind on the

charge of my previous employer. So therefore a charge against the company was never filed, only an inquiry. I was very upset and sad because I never changed my mind on the charge. Matter of fact I was waiting on the State Court to contact me like Mr. Wilkerson told me. I told the EEOC representative that not only was it not true the discrimination charge after Mr. Wilkerson told me that the State Court was going to contact me and how it may take a while for me to wait. I was advised by retired judge Fred Ashmead to write Congresswoman Sheila Jackson Lee and ask her to be my representative on my case with EEOC. I wrote her June the 7th 2017 and she wrote me back agreeing to be my representative on my case. She then enclosed a document for me to sign that implemented she was my representative for my discrimination case with EEOC. And I explained to her that if I had told Mr. Wilkerson that I would change my mind about the charge. Why would I reach out to Sheila Jackson Lee to be my representative for my EEOC discrimination case. The EEOC representative told me that she was going to reach out to the head supervisor name Gabriel Cervantes and explain to him the situation and that he would be contacting me. And she apologized for what I had been through. A few days later I received a voice mail from Gabriel Cervantes with EEOC and I called him back and explained to him what took place. He explained to me the same thing the other representative said about Mr. Wilkerson put in the notes that I changed my mind on filing the charge against my former employer and that's why no one ever got back to me. I told Gabriel Cervantes that Mr. Wilkerson made a mistake and documented the wrong notes on my file and that he maybe was looking at the wrong file while entering his notes. I told Gabriel Cervantes that since they calls are recorded for quality and approved purposes for him to review the call between me and Mr. Wilkerson and that he would see that the conversation that Mr. Wilkerson and I had not reflected nor matched the notes that he put in my file. Mr. Gabriel Cervantes stated that their calls are not recorded for monitoring purposes. I then asked Mr. Cervantes could he please contact Mr. Wilkerson and asked him about the untrue notes in which he put them on my file. Gabriel Cervantes said that no he couldn't because Mr. Wilkerson retired and he has no way of contacting him. because of the time that he couldn't do an investigation but he could move forward with the charge and get me in court with the right to sue if I wanted to do so. I told Gabriel Cervantes that I felt that was so unfair to me because it wasn't my fault that Mr. Wilkerson, the EEOC representative put in the wrong notes in my file which is putting me in a compromising position on my charge. fault. So Mr. Cervantes said he understood and told me since I agreed to to move forward with the charge in which I agreed to the charge from the very beginning in June of 2017 when Mr. Wilkerson with EEOC and I spoke on the phone. I told Mr. Cervantes that I was misled by Mr. Wilkerson had me waiting on the State court to contact me in which they never did because he made the error and put in the system that I changed my mind on the charge in which I did not. Mr. Cervantes told me that Hannah would give me a call and if I didn't hear from her in a few days to call him back. Hannah called me and took my statement again and submitted everything to Gabriel Cervantes to review so that he could submit the charge. Hannah said I would have to wait to hear back from Gabriel Cervantes and I did. I received an email on 9-14-20 from Gabriel Cervantes which stated Dismissal and Notice of Rights. It also stated that the EEOC is closing its file on this charge for the following reason. And their reason was my charge was not timely filed with EEOC. in other words, they allege that I waited too long after the date(s) of the alleged discrimination to file my charge. In which wasn't true I filed my discrimination case with EEOC on 5-8-2017 and I am enclosing the proof

to prove my statement that I filed on time. Although EEOC Gabriel Cervantes informed me of their dismissal he did give me the notice of suit rights and gave me 90 days to file a suit. Gabriel said if I didn't file a lawsuit within the 90 days I can never file suit against the company again. Mr. Wilkerson with EEOC seemed to have dropped the ball on my discrimination case by putting in the system that I changed my mind on filing a charge which wasn't true. And this totally not my fault and not fair to me. See my documentation file where I faxed Mr. Wilkerson 10 pages including a cover sheet with the proof of my communication with the Human Resource Departments of Girling Community Care (Kindreds) and the request to Congresswoman Sheila Jackson Lee and her reply back to me agreeing to be my representative with EEOC. After reviewing you will see I never requested to drop the charge against my former employer and EEOC findings are unfair and untrue. And because they caused the error in filing my case in a timely manner its hard for any lawyer to take my case because EEOC said I filed my discrimination case in a untimely manner and its not true. Please review the facts and help me have my case in court so the judge can review all the facts in my case

-Deltressa Haverly-

A handwritten signature in black ink, appearing to be 'Deltressa Haverly', with a stylized, cursive-like script.

SHEILA JACKSON LEE  
18TH DISTRICT, TEXAS

Congress of the United States

COMMITTEE ON  
JUDICIARY

WASHINGTON OFFICE  
2101 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 227-3576

House of Representatives

Washington, DC 20515

HOUSE OF REPRESENTATIVES  
COMMITTEE ON JUDICIARY  
INVESTIGATION AND PUBLIC AFFAIRS

HOMELAND SECURITY  
SUBCOMMITTEES

RANKING MEMBER  
BORDER AND MARITIME SECURITY

TRANSPORTATION SECURITY

SENATE  
DEMOCRATIC CAUCUS

DISTRICT OFFICE  
1913 SMITH STREET, SUITE 1180  
The GEORGE MCKAY LEHMAN FEDERAL BUILDING  
HOUSTON, TX 77002  
(713) 555-0050

June 18, 2017

ACRES HOME OFFICE  
6713 WEST MONTGOMERY, SUITE 204  
HOUSTON, TX 77019  
(713) 591-4882

HEIGHTS OFFICE  
420 WEST 19TH STREET  
HOUSTON, TX 77008  
(713) 961-4070

FIFTH WARD OFFICE  
4300 LYONS AVENUE, SUITE 200  
HOUSTON, TX 77020  
(713) 227-7740

Ms. Del'tressa Haverly  
2421 Wayne Street  
Houston, TX 77026

Dear Ms. Haverly:

Thank you for allowing me to assist with your case. Although I cannot guarantee a particular outcome, I want you to know that we will do our best to help you receive a fair and timely response.

Please find the privacy act release form enclosed. Fill out the privacy act release form and send it back to the office. Once we have the privacy act release form, we can begin to work on your case. Please be aware that the more information you provide to this office, the more diligent we can be to pin point the problem and act accordingly in a timely fashion.

Very truly yours,



Sheila Jackson Lee  
Member of Congress

SJL\mm

# EXHIBIT 1

P. 4

**Shelia Jackson Lee letter I wrote to her asking her to representative assisting EEOC with my Discrimination case and her letter accepting to be my representative on my case to EEOC**



SEE ATTACHED MY FAMILY  
MEDICAL LEAVE- (FMLA)  
APPROVAL FROM UNUM. SEE  
APPROVAL DATES 4-13-2017.  
NOT ONLY WAS I APPROVED  
FROM FAMILY MEDICAL LEAVE  
AND PAYMENTS. I WAS  
TERMINATED WHILE ON FMLA  
ON 4-14-2017 AND NEVER  
RECEIVED PAYMENT

**Statement by Deltress A Haverly  
Statement of Discrimination, by Betty Bethea Administration  
And Girling Community Care and Kindred,  
Against Deltress A Haverly**

**Statement Prepared June 8th 2017**

I am filing this statement of discrimination, against me. Deltress A Haverly, by Betty Bethea, my supervisor at Girling Community Care and Kindred March 20,2001 to April 14th 2017, in deliberate actions to deny me job opportunities, in Leadership positions with Girling Community Care and Kindred Girling Community Care and Kindred's failure to insure that a valued employee was not discriminated against in hiring and advancement within the company. I have previously shared with EEOC my statement of retaliation and I will use those same pages in the history of discrimination against me. I am requesting you to be my representative with EEOC assisting them on my discrimination case in which I submitted to them in May of 2017 to help ensure I get a fair response and a thorough investigation to find that my complaint is **validated** and I was **treated unfairly discriminated against**, because of my race and disability. I was **bullied, harassed, and retaliated against**. I was approved for Family Leave on 4-13-2017 and once they notified Betty Bethea and Mellonie Simon Betty Bethea terminated me the next day. She did the very same thing to me in 2000 when I was working in the field and was injured at the client's home by pulling my back helping the client from falling on the floor. When she found out I was on Family Medical leave she called me up to the office and told me that she needed me to work. Once I told her I couldn't work she terminated me. I reached out to the Human Resource Department and Betty Bethea previous Supervisor Wayne Douglas and they overturned her termination and kept me employed. Now the same thing occurred I was placed on Family Medical Leave and bedrest from my doctors and once Betty Bethea was informed that I was on Family Medical Leave she terminated me the next day after I was already approved for Family Medical Leave but this time when I reached out to our Human Resource Department under new owners Kindreds they was aware (Steve Morrison) Human Resource Director and Betty Bethea new Supervisor Jessie Howard he allowed the termination to take place with knowing I was on Family Medical Leave. So I was discriminated against for my disability . Betty never liked me out of the office even when I was sick she would call me and tell me I needed you in the office. She didn't care that I was sick and could have died from having 5 percent hemoglobin in my body and had to be admitted for blood transfusions. Betty started harassing me a lot in February of 2017 after I was in a car accident on 2-2-2017

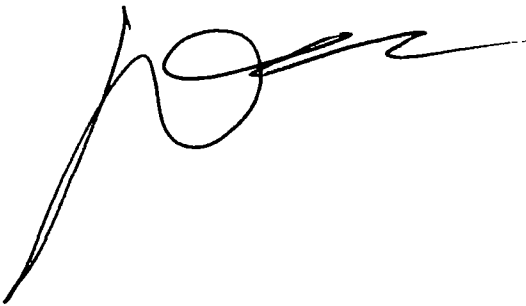
I was hired by Girling Health Care on January 7th 1996. I was transferred from my field duties in 1999 from a former acting Director named Regina and Wayne Douglas due to being injured at a patients home. So after being released from the doctor they brought me in the office and gave me a desk job per doctor's request. On March 20th 2000, Betty Bethea was hired by Girling Community Care, as my Supervisor, From that date, March 20,2000. The date of the hire of Betty Bethea, I was not offered employment advancement, promotion and I was passed over

for numerous promotions and leadership roles. In some cases a member of the Betty Bethea family was hired without fulfilling Girling's guidelines and policies. Stated differently, I was not advanced in employment within Girling and Kindred for 22 years. During all of those years, I received annual job reviews and everyone of them, my reviews were high and showed that I was a great employee.

For 22 years, I received high evaluations and no advancement when I applied. During the same time, Caucasian and Hispanics were hired and promoted from outside the company, many times while Betty Bethea circumvented company rules and guidelines to hire someone that she wanted to have the job and/ or deny me advance. And finally, Betty Bethea used bogus reasons, not born out of company guidelines or company policies to discharge me from my employment.

With my statement, I am including documentation of some of events that have occurred surrounding the hiring practices of Betty Bethea and the discriminatory treatment she inflicted on me. I have received as a result of the **hostile treatment** by Betty Bethea and GirlingCommunity Care Kindred. Your investigation will reveal more discrimination that I suffered because of the actions of Betty Bethea and the inaction of Girling Community Care and Kindred.

-Deltressa Haverly

A handwritten signature in black ink, appearing to read 'Deltressa Haverly', with a stylized, flowing script.

## **DATES OF EMPLOYMENT**

}

}

}



July 23, 2020

To Whom It May Concern:

Deltress Haverly was employed by Girling Community Care from January 7, 1996 until April 14, 2017.

If any further information is needed, please contact me at 512-323-1547 or [kathy.dumas@gentiva.com](mailto:kathy.dumas@gentiva.com).

Sincerely,

Kathy Dumas  
Regional HR Manager

)  
)

)  
)

)  
)

# EXHIBIT 2



846-2017-21682 MAY 31 2017 p. 4

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

### I. Personal Information

Last Name: Haverly First Name: Deltress MI: Ann  
 Street or Mailing Address: 9711 Cedar Bluff Drive Apt or Unit #: \_\_\_\_\_  
 City: Houston County: Harris State: TX Zip: 77064  
 Phone Numbers: Home: (832) 752-1308 Work: ( ) \_\_\_\_\_  
 Cell: (832) 752-1308 Email Address: barbie17@gmail.com  
 Date of Birth: 1-7-71 Sex: ☐ Male ☒ Female Do You Have a Disability? ☐ Yes ☐ No

Please answer each of the next three questions: i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? American Indian and Black

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Ms. Coffey Relationship: Mother  
 Address: 9711 Cedar Bluff Drive Houston State: TX Zip Code: 77064  
 Home Phone: (832) 946-2917 Other Phone: N/A

### 2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) \_\_\_\_\_

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: Girling Community Care (affiliated with Kendra's?)  
 Address: 6750 Wilcoxon South County: Harris  
 City: Baytown State: TX Zip: 77401 Phone: (281) 780-1248

Type of Business: Home Health Job Location If different from Org. Address: bc

Human Resources Director or Owner Name: Steven Morrison Phone: (512) 823-1536

Number of Employees in the Organization at All Locations: Please Check ( ) One 7512 323-1536

☐ Fewer Than 15 ☐ 15-100 ☐ 101-200 ☐ 201-500 ☒ More than 500

### 3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☒ No

Date Hired: 1-7-96 Job Title At Hire: Care Aides  
 Pay Rate When Hired: \$4.00 Last or Current Pay Rate: \$19.80 unsure of the cents  
 Job Title at Time of Alleged Discrimination: Care Coordinator Date Quit/Discharged: 4-14-17  
 Name and Title of Immediate Supervisor: Mellone Simon

If Job Applicant, Date You Applied for Job \_\_\_\_\_

Job Title Applied For  
 RECORDER'S MEMORANDUM  
 This instrument is of poor quality  
 at the time of imaging

## 4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☐ Race ☐ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Religion ☒ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved:  
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: \_\_\_\_\_

If you checked genetic information, how did the employer obtain the genetic information? \_\_\_\_\_

Other reason (basis) for discrimination (Explain): I was singled out, Bullied, Slandered, Harassed and Retaliated on

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.  
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 4/14/17 Action: Discharged by Bettie Faye Bethen (Administra

Name and Title of Person(s) Responsible: Bettie Faye Bethen (Administrative)

B. Date: 4-14-17 Action: \_\_\_\_\_

Name and Title of Person(s) Responsible: Bettie Faye Bethen (Administrative)

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did; who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. \_\_\_\_\_

B. \_\_\_\_\_



Of the persons in the same or similar situation as you, who was treated worse than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. \_\_\_\_\_

B. \_\_\_\_\_

Of the persons in the same or similar situation as you, who was treated the same as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. \_\_\_\_\_

B. \_\_\_\_\_

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability  
☐ I do not have a disability now but I did have one  
☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.)

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☐ Yes ☐ No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☐ Yes ☐ No

If "Yes," when did you ask? \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: \_\_\_\_\_

How did your employer respond to your request? \_\_\_\_\_

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
-----------	-----------	------------------------	---

A. \_\_\_\_\_

B. \_\_\_\_\_

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☐ Yes ☒ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: \_\_\_\_\_

16. Have you sought help about this situation from a union, an attorney, or any other source? ☐ Yes ☒ No  
Provide name of organization, name of person you spoke with and date of contact. Results, if any? \_\_\_\_\_

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

**BOX 1** ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

**BOX 2** ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Signature

5-8-17  
Today's Date

**PRIVACY ACT STATEMENT:** This form is covered by the Privacy Act of 1974: Public Law 93-578. Authority for requesting personal data and the uses thereof are:

- 1) **FORM NUMBER/TITLE/DATE.** EEOC Intake Questionnaire (9/2008). 2) **AUTHORITY.** 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 625, 42 U.S.C. 12117(a)
- 3) **PRINCIPAL PURPOSE.** The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.120(a) and 29 CFR 1628.804, this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) **ROUTINE USES.** EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.** Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

**FAMILY MEDICAL LEAVE - FMLA  
APPROVAL A DAY BEFORE  
TERMINATION. BUT I NEVER GOT  
PAID FOR IT**

Unum  
The Benefits Center  
PO Box 100158  
Columbia, SC 29202-5158  
Phone: 877-517-5497  
Fax: 1-800-447-5498  
www.unum.com



April 24, 2017

DELTRESS HAVERLY  
9711 CEDAR BLUFF DRIVE  
HOUSTON, TX 77064

RE: Haverly, Deltress  
Claim Number: 12815831  
Policy Number: 489967  
Unum Life Insurance Company of America

Dear Ms. Haverly:

We are writing about the status of your Short Term Disability claim. You have my personal commitment to provide you with responsive and courteous service.

**Information About Your Disability Claim**

- Your last day worked was April 13, 2017.
- We have determined your disability date to be April 13, 2017 the date your doctor advised you to stop working.
- The plan provided by your employer states benefits are not payable for the first 15 calendar days you are disabled. This timeframe is referred to as the elimination period. Your elimination period would end on April 27, 2017.

Your claim has been medically supported for Short Term Disability through April 20, 2017. As this date is within the elimination period, we are unable to pay benefits at this time. To continue our evaluation of your claim, additional information is needed.

**What We Need From You**

Please let us know if there are any changes or complications within this anticipated recovery time frame. We will need additional information to better understand how your condition impacts your ability to return to work. If you cannot return to work on April 21, 2017 for medical reasons, please have your attending physician(s) provide us with the following medical information:

- Medical records (including treatment records, procedure records, physical therapy records and test results) from all treating providers from April 14, 2017 through the present.
- Restrictions and limitations (a list of things you should not and cannot do).

1343-03 UNUM IS A REGISTERED TRADEMARK AND SERVICE MARK OF UNUM GROUP AND ITS INSURING SUBSIDIARIES.

Unum  
The Benefits Center  
PO Box 100158  
Columbia, SC 29202-5158  
Phone: 877-517-5497  
Fax: 1-800-447-5498  
www.unum.com



August 19, 2020

DELTRESS HAVERLY  
9711 CEDAR BLUFF DRIVE  
HOUSTON, TX 77064

RE: Haverly, Deltress  
Claim Number: 12815831  
Policy Number: 489967  
Unum Life Insurance Company of America

Dear Ms. Haverly:

I have attempted to return your call on August 19, 2020, but was unable to reach you.

Please note that we sent approval information to Kindred Healthcare for your claim on the following dates:

- 08/16/2017
- 08/08/2017
- 08/11/2017

For payment information, please reach out to the Kindred Benefits Marketplace at 1-800-891-6171.

I have also attached copies of your approval letters in this correspondence.

Ms. Haverly, if you have any questions, please feel free to contact me at 877-217-5497.

Sincerely,

*Jenn Hayes*

Jenn Hayes  
Life Event Specialist

Enclosures: -Claimant Approval  
-Claimant Approval  
-Claimant Status

1343-03 UNUM IS A REGISTERED TRADEMARK AND SERVICE MARK OF UNUM GROUP AND ITS INSURING SUBSIDIARIES.

Unum  
The Benefits Center  
PO Box 100158  
Columbia, SC 29202-5158  
Phone: 877-517-5497  
Fax: 1-800-447-5498  
www.unum.com



June 7, 2017

DELTRESS HAVERLY  
9711 CEDAR BLUFF DRIVE  
HOUSTON, TX 77064

RE: Haverly, Deltress  
Claim Number: 12815831  
Policy Number: 489967  
Unum Life Insurance Company of America

Dear Ms. Haverly:

Thank you for providing the information needed for your Short Term Disability claim. Your benefits have been approved through June 13, 2017.

You have my personal commitment to provide you with responsive and courteous service. I will keep you well informed about the status of your claim.

**What We Need From You**

Please let us know if there are any changes or complications within this anticipated recovery time frame. We will need additional information to better understand how your condition impacts your ability to return to work. If you cannot return to work on June 14, 2017 for medical reasons, please have your attending physician(s) provide us with the following medical information:

- Medical records (including treatment records, procedure records, physical therapy records and test results) from all treating providers from June 01, 2017 forward.
- Restrictions and limitations (a list of things you should not and cannot do).

The information provided will assist us in the continued evaluation of your claim. A note from your physician stating you are unable to return to work is not considered sufficient medical documentation.

If we have not received the additional information by July 28, 2017, we will make a decision based on the information available to us at that time.

**Information About The Family Medical Leave Act**

We also administer the FMLA (Family Medical Leave Act) for your employer and have shared this decision about your disability claim with our Leave Management Center. If you are eligible

1343-03 UNUM IS A REGISTERED TRADEMARK AND SERVICE MARK OF UNUM GROUP AND ITS INSURING SUBSIDIARIES.

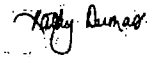


July 23, 2020

To Whom It May Concern:

Deidre Haverly was employed by Girling Community Care from January 7, 1996 until April 14, 2017.  
If any further information is needed, please contact me at 512-323-1547 or [kathy.dumas@gentiva.com](mailto:kathy.dumas@gentiva.com).

Sincerely,



Kathy Dumas  
Regional HR Manager

# EXHIBIT 3

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

R 4

To: **Deltress A. Haverly**  
**9711 Cedar Bluff Dr**  
**Houston, TX 77064**

From: **Houston District Office**  
**Mickey Leland Building**  
**1919 Smith Street, 7th Floor**  
**Houston, TX 77002**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**846-2017-21682**

**Hannah Ye,**  
**Investigator Support Asst**

**(346) 327-7723****THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission  
**Gabriel Cervantes**  
Digitally signed by Gabriel Cervantes  
 DN: cn=Gabriel Cervantes, o=EEOC, ou,  
 email=gabriel.cervantes@eEOC.gov, c=US  
 Date: 2020.09.14 13:52:38 -0500

**9/14/2020**

Enclosures(s)

for **Rayford O. Irvin,**  
**District Director**

(Date Mailed)

cc:

**GIRLING COMMUNITY CARE**  
**6750 West Loop South #500**  
**Bellaire, TX 77401**

**Texas Workforce Commission-Civil Rights Division**  
**101 East 15<sup>th</sup> Street Room 144T**  
**Austin, TX 78778**



Houston Volunteer Lawyers  
1111 Bagby, Suite FLB 300  
Houston, TX 77002

DELTRESS A. HAVERLY  
9711 CEDAR BLUFF DR  
HOUSTON TX 77064-2140



October 25, 2020

**RE: 20-0371677 : 2110 Race/Color Discrimination**

You recently applied to Houston Volunteer Lawyers for help with your legal problem. While you are financially eligible for our services, we unfortunately have limited resources and will not be able to represent or advise you going forward. We have closed your file and will be unable to furnish any further legal services to you.

Because you are financially eligible for Houston Volunteer Lawyers' services, if your case goes to court, you may wish to consider filing a *Statement of Inability to Afford Payment of Court Costs or an Appeal Bond* – a blank copy of which is enclosed. When answering Question 2, you can attach this letter as proof that you asked a legal aid provider to represent you, and the provider determined that you are financially eligible for representation but did not take your case (the second checkbox under Question 2). For additional copies of the enclosed form, please visit [www.texaslawhelp.org](http://www.texaslawhelp.org) or ask the clerk of the court to provide you one.

Please consider contacting one of the following agencies, which might be able to assist you in resolving your case.

Texas Board of Legal Specialization, Find a Lawyer Labor and Employment, <https://www.tbls.org/findlawyer-results>

Texas Employment Lawyer Association, Find a Lawyer <https://www.mytela.org/index.cfm?pg=FindALawyer>

Houston Lawyer Referral Service 713-237-9429 [www.hlrs.org](http://www.hlrs.org)

You may also find helpful information about your legal problem at [www.TexasLawHelp.org](http://www.TexasLawHelp.org).

Please call us at (713) 228-0732 if you need further assistance.

PAUL FURRH, JR.  
Attorney at Law  
Chief Executive Officer

ROSLYN O. JACKSON  
Directing Attorney

LINDSAY EUSTACE  
Managing Attorney



**Lone Star Legal Aid  
PUBLIC BENEFITS UNIT**

September 04, 2020

CHANNING GUIDRY  
CELESTE HERRON  
JEFF LARSEN  
HELEN MALVEAUX  
MARIA PANTOJA  
Staff Attorneys

ADRIAN GARCIA  
LAURA FLORES  
ROSALIE MIRANDA  
CHRISTIAN PINEDA  
GLORETTA THORNTON  
Paralegals

Mailing Address:  
P. O. Box 398  
Houston, Texas 77002

713-652-0077 x 8103 Telephone  
979-848-0682 Fax  
800-733-8394 Toll-free

Deltress Ann Haverly  
9711 Cedar Bluff Drive  
Houston, TX 77064

**RE: Haverly / LEGAL AID APPLICATION NUMBER: 20-0858900**  
**29 Other Employment**  
Application for Legal Services Closing Letter

Dear Ms. Haverly:

Thank you for contacting Lone Star Legal Aid for help with your legal problem. It was a pleasure talking to you. We gave you legal advice regarding your 29 Other Employment matter. We are not able to help everyone who applies because we do not have enough staff. The legal advice we gave you is all the help we can give you. **Your file is now closed.**

There are some other places you can go to get help. You can call the State Bar of Texas, Lawyer Referral Service at 1-800-252-9690. You can also go online to the Texas Law Help website at [www.texaslawhelp.org](http://www.texaslawhelp.org) for more legal help. You can also look at the Local Resources we are sending with this letter.

Feel free to call us if you have any other legal problems.

Very Truly Yours,

*Celeste Herron*

Celeste Herron  
Attorney at Law

CH:MS

Enclosure(s): *LSLA Notice of Rights*  
*Local Resources*

Serving the East Region of Texas since 1948  
Beaumont, Belton, Bryan, Clute, Conroe, Galveston, Houston, Longview, Nacogdoches, Paris, Richmond, Texarkana, Tyler, Waco





Texas Department of Motor Vehicles

**PERMANENT DISABLED PLACARD RECEIPT**

COUNTY: HARRIS  
 PLACARD: B05270453P  
 PLACARD: B05270454P

TAC NAME: ANN HARRIS BENNETT  
 DATE: 07/13/2018  
 TIME: 11:08AM  
 EMPLOYEE ID: ANAGML TRANSACTION ID: 10122143292110840  
 EXPIRATION DATE: 07/2022

DISABLED PERSON NAME AND ADDRESS  
 DELTRESS A COFFEY HAVERLY  
 2421 WAYNE STREET  
 HOUSTON, TX 77026

INVENTORY ITEM(S)	YR	FEE	ASSESSED
BLUE DISABLED PLACARD			
BLUE DISABLED PLACARD			

TOTAL	\$	0.00
-------	----	------

METHOD OF PAYMENT AND PAYMENT AMOUNT		
CASH \$		0.00

PLEASE RETAIN THIS RECEIPT FOR YOUR RECORDS.

# **EXHIBIT B-2**

2020 73479

Attention District Court

My name is Deltress A. Haverly. I receive right to sue from EEOC on 9-14-20. Since then I have reached out to tenth attorneys and was turned down in handling my employment case because I have no current income . I even attached letters from Houston Volunteer Lawyers and alone Star Legal Aid and was approved and eligible for their services but was but was turned down due to limited resources and staff to assist me. I was only given 90 days to file my right to sue in court and right now I'm at 60 days left to file. I was already terminated for my medical disability and discrimination and retaliation. I can afford to not have my voice in court because of how I was treated. Please assist me in the matter with a attorney and waive all my court cost to ensure I meet the deadline of my right to Sue case. I am desperately seeking your help. I thank you in advance!

- Deltressa Haverly

832.752.1308

Deltressa7@gmail.com



**FILED**  
Marilyn Burgess  
District Clerk  
Time: NOV - 4 2020  
By \_\_\_\_\_  
Harris County, Texas  
Deputy

**RECORDER'S MEMORANDUM**  
This instrument is of poor quality  
at the time of imaging

# **EXHIBIT B-3**

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**Cause Number: **2020 73479**

(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: \_\_\_\_\_  
(Print first and last name of the person filing the lawsuit.)

And

Defendant: \_\_\_\_\_  
(Print first and last name of the person being sued.)

In the (check one):

☒ District Court  
☐ County Court / County Court at Law  
☐ Justice Court
Court  
Number

Texas

County

**FILED**  
 Marilyn Burgess  
 District Clerk

NOV - 4 2020

Harris County, Texas

Deputy

**Statement of Inability to Afford Payment of  
 Court Costs or an Appeal Bond**

By

**1. Your Information**

My full legal name is:

DELTRESS Ann HAVERLY

My date of birth is:

Month/Day/Year

My address is: (Home)

9711 Cedar bluff Drive Houston TX 77064

(Mailing)

My phone number:

832-752-1308

My email:

deltressa7@gmail.com

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1 SELF just me		
2		
3		
4		
5		
6		

**2. Are you represented by Legal Aid?**
☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-or-

☒ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☐ I am not represented by legal aid. I did not apply for representation by legal aid.
**3. Do you receive public benefits?**
☐ I do not receive needs-based public benefits. - or -

☒ I receive these public benefits/government entitlements that are based on indigency.

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

☒ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD  
☐ Public Housing or Section 8 Housing ☒ Low-Income Energy Assistance ☐ Emergency Assistance  
☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")  
☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant  
☐ County Assistance, County Health Care, or General Assistance (GA)  
☒ Other: MAMP for mental health
**RECORDER'S MEMORANDUM**
 This instrument is of poor quality  
 at the time of imaging

**4. What is your monthly income and income sources?**

"I get this monthly income:

\$ 0 in monthly wages. I work as a \_\_\_\_\_ for \_\_\_\_\_  
Your job title Your employer\$ 0 in monthly unemployment. I have been unemployed since (date) 4-17-2017\$ 0 in public benefits per month.\$ 0 from other people in my household each month: (List only if other members contribute to your household income )

\$ 0 from ☐ Retirement/Pension ☐ Tips, bonuses ☐ Disability ☐ Worker's Comp  
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties  
☐ Child/spousal support  
☐ My spouse's income or income from another member of my household (If available)

\$ 0 from other jobs/sources of income. (Describe) I live with my mother\$ 0 is my total monthly income. I filled for my Disability awaiting a hearing date and decision**5. What is the value of your property?**

"My property includes:

Cash \$ 0

Bank accounts, other financial assets

Frost Bank \$ 0.00Chase Bank \$ 25.00

\$ \_\_\_\_\_

Vehicles (cars, boats) (make and year)

\$ 0

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other property (like jewelry, stocks, land, another house, etc.)

\$ 0

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total value of property → \$ 0**6. What are your monthly expenses?**

"My monthly expenses are:

Rent/house payments/maintenance \$ 0Food and household supplies \$ 0Utilities and telephone \$ 0Clothing and laundry \$ 0Medical and dental expenses \$ 0Insurance (life, health, auto, etc.) \$ 0School and child care \$ 0Transportation, auto repair, gas \$ 0Child / spousal support \$ 0

Wages withheld by court order \$ \_\_\_\_\_

\$ \_\_\_\_\_

Debt payments paid to: (List) \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Monthly Expenses → \$ 0

\*The value is the amount the item would sell for less the amount you still owe on it, if anything

**7. Are there debts or other facts explaining your financial situation?**

"My debts include: (List debt and amount owed)

I don't have a job I applied for my Social Security disability awaiting decision. My mother accommodates me on her fixed income by allowing me to live with her.

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit Additional Supporting Facts") Check here if you attach another page. ☐

**8. Declaration**

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

☒ I cannot afford to pay court costs.☒ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.My name is DELTRESS A HAVERLY My date of birth is: [REDACTED]My address is 9711 Cedar bluff Drive Houston TX 77064

Street City State Zip Code Country

Signature [Signature] signed on 11/3/20 in Harris County, TEXAS

Month/Day/Year county name State